

UNITED STATES DISTRICT COURT

for the

Northern District of Ohio

Kimberly Roquemore, Individually and as the
Administratrix of the Estate of
Maalik Roquemore, Deceased

Plaintiff(s)

v.

Cuyahoga Metropolitan Housing Authority, et al.

Defendant(s)

Civil Action No. 1:24-cv-01434

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* DESMOND RAGLAND, CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT
5715 Woodland Avenue
Cleveland, Ohio 4410

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: David B. Malik, Esq.
31320 Solon Road, Unit #19
Solon, Ohio 44139

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

SANDY OPACICH, CLERK OF COURT

s/ A. Faluski

Date: 8/22/2024



Signature of Clerk or Deputy Clerk

Civil Action No. 1:24-cv-01434

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Desmond Ragland c/o Cuyahoga Metropolitan Housing Authority Police Department
was received by me on *(date)* August 23, 2024.

☐ I personally served the summons on the individual at *(place)* _____
_____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
_____ on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☒ Other *(specify)*: Via U.S. Certified Mail Return Receipt Requested; see attached Domestic Return Receipt

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 9/13/2024

/s/ David B. Malik

Server's signature


David B. Malik, Attorney

Printed name and title

31320 Solon Road, Unit 19, Solon, Ohio 44139

Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <div style="border-bottom: 1px solid black; width: 150px; margin-top: 5px;"> P. Grimmett </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </p> <p>B. Received by (Printed Name) <div style="border-bottom: 1px solid black; width: 150px; margin-top: 5px;"> P. Grimmett </div> </p> <p>C. Date of Delivery <div style="border-bottom: 1px solid black; width: 150px; margin-top: 5px;"></div> </p>		
<p>Desmond Ragland c/o Cuyahoga Metropolitan Housing Authority Police Department 5715 Woodland Avenue Cleveland, Ohio 44104</p>	<p>Every address different from item 1? <input type="checkbox"/> Yes If yes, enter delivery address below: <input type="checkbox"/> No</p>		
<div style="text-align: center;">  9590 9402 6711 1060 3705 69 </div> <p>2. Article Number (Transfer from service label)</p> <div style="border: 1px solid black; padding: 2px; text-align: center; font-weight: bold;"> 7021 0350 0002 3011 0825 </div>	<p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </td> </tr> </table>	<input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery		

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

5290 110E 2000 0530 1200

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<p>Certified Mail Fee 14.85</p> <p>\$ \$4.10</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30px;"><input type="checkbox"/></td> <td>Return Receipt (hardcopy)</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Return Receipt (electronic)</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Certified Mail Restricted Delivery</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Adult Signature Required</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Adult Signature Restricted Delivery</td> <td style="text-align: right;">\$0.00</td> </tr> </table> <p>Postage \$2.87</p> <p>\$ \$11.82</p> <p>Total Postage and Fees</p> <p>\$ \$11.82</p>	<input type="checkbox"/>	Return Receipt (hardcopy)	\$0.00	<input type="checkbox"/>	Return Receipt (electronic)	\$0.00	<input type="checkbox"/>	Certified Mail Restricted Delivery	\$0.00	<input type="checkbox"/>	Adult Signature Required	\$0.00	<input type="checkbox"/>	Adult Signature Restricted Delivery	\$0.00	<p style="text-align: center; font-weight: bold;">Postmark Here</p> <p style="text-align: center; font-size: 1.2em; margin-top: 20px;">08/23/2024</p>
<input type="checkbox"/>	Return Receipt (hardcopy)	\$0.00														
<input type="checkbox"/>	Return Receipt (electronic)	\$0.00														
<input type="checkbox"/>	Certified Mail Restricted Delivery	\$0.00														
<input type="checkbox"/>	Adult Signature Required	\$0.00														
<input type="checkbox"/>	Adult Signature Restricted Delivery	\$0.00														

Sent to Desmond Ragland Cuyahoga Metro PD

Street and Apt. No., or PO Box No. 5715 Woodland Ave

City, State, ZIP+4® Cleveland OH 44104

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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